

Journeys of the Heart Child Adoption Application 2018

1. Child Adoption Application

Application to adopt a child, Journeys of the Heart Adoption Services, www.journeysoftheheart.net
Should you be accepted into a JOH program, you will be required to sign our Adoption Services Contract. You are entitled by law to an advance copy of the proposed Adoption Services Contract. Please contact us at info@journeysoftheheart.net for a copy of the proposed contract. Should you be accepted into a JOH program, you will be required to sign our Adoption Services Contract. You are entitled by law to an advance copy of the proposed Adoption Services Contract. Please contact us at info@journeysoftheheart.net for the password which will enable you to view the proposed contract online.

Information is also available upon request about:

- **the number of adoption placements Journeys of the Heart has made during each of the previous three calendar years**
- **the number and percentage of those placements that remain intact or have dissolved or disrupted**
- **The number of persons who applied to Journeys of the Heart during each of the previous three calendar years**
- **The number of children eligible for adoption and awaiting an adoptive placement referral via Journeys of the Heart”**

You can email your request for information to info@journeysoftheheart.net

Journeys of the Heart Adoption Services
Child Adoption Application

All contents of this application are confidential and for internal use only by Journeys of the Heart Adoption Services.

Please answer all questions. If a question doesn't apply to your family please enter 'n/a' where possible. If you are a single person, for yes/no choices indicate 'no' where spouse does not pertain.

Applications will only be considered after the non-refundable \$300 application fee is received at our home office. The application fee may be paid by check to our home office or via secure Google Checkout using credit or debit online. There is a link to PAYPAL at www.journeysadoption.com

Please send the following photographs with your application: Two (2) different, non-professional photos of the adoptive couple together, or the single parent, close-up full view of person (s). One (1) of children living at home, One (1) exterior photo of your home, Three (3) Interior photos, different rooms. Our mailing address is PO Box 39, Hillsboro, Oregon 97123.

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2. Adoption Information

* 1. Please Enter Full Legal Name Of Adopting Parent One (P1)

* 2. Please Enter Full Legal Name Of Adopting Parent Two (P2)

* 3. What is your first choice for a program country? If USA, please enter 'domestic'.

* 4. Please tell us about your motivation to adopt a child and why you have chosen a particular program.

* 5. Please Enter Gender, Age Range and Race Of The Child You Wish To Adopt

* 6. Are you open to a special needs child? What special needs?

7. If you have been matched with a child please tell us about the child.

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3. Family Information

* 1. Please enter P1's cell phone number.

2. Please enter P2's cell phone number

3. family fax number

* 4. Family Information

Address:

Address 2:

City/Town:

State:

ZIP/Postal Code:

Country:

Email Address:

Phone Number:

* 5. P1: Please list all places of residence and dates of residence since your 18th birthday. For example, Portland Oregon 1990-1991, Bangor Maine 1992, etc.

* 6. P2: Please list all places of residence and dates of residence since your 18th birthday. For example, Portland Oregon 1990-1991, Bangor Maine 1992, etc.

7. Please enter any other family email addresses we might where we might reach you

8. If you are already working with a Journeys of the Heart Adoption Coordinator, please enter their name.

* 9. During the adoption process we might need to reach you quickly. Please list the name and phone number of a trusted friend or relative that will know how to reach you, if your regular phone numbers fail.

* 10. P1's city, state and country of birth and date of birth.

* 11. P2's city, state and country of birth, and her date of birth.

* 12. P1's social security number.

* 13. Mother's social security number.

* 14. P1's nation of citizenship and passport number.

* 15. P2's nation of citizenship and passport number.

* 16. P1's race, highest education level and religious affiliation

* 17. P2's race, highest education level and religious affiliation

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4. Information about your family.

Family information

* 1. Please list the date and place of your marriage.

* 2. P1, date and place of all divorces.

* 3. P2, date and place of all divorces.

* 4. If you have any children, please list their names and dates of birth.

* 5. If any of your children are adopted, please indicate child's name and country of birth.

* 6. If any of your children live outside your home, please indicate name of child and contact information.

7. Are your children immunized?

yes

no

* 8. Please list the names of anyone other than P1, P2 and Children that live in your home. What is their relationship to you?

* 9. If either parent has ever had parental rights terminated or disrupted please tell us about the circumstances.

* 10. Do you keep any weapons, firearms, sporting arms, or ammunition in your home?

yes

no

11. If 'yes' to above, please describe in detail the number and type, as well as precautions you have in place to secure the items from children.

* 12. Do you keep any toxics, corrosives, or explosives (other than what might be considered appropriate for home, yard or garden purposes) in your home?

yes

no

13. If yes to above, please describe in detail what items you keep and precautions you take to secure the items from children.

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5. Adoption Information II

Adoption Information

* 1. Expected or known infertility?

yes

no

* 2. Please indicate date of all miscarriages.

* 3. Either Parent ever turned down for an adoption?

yes

no

Please explain if yes.

* 4. Are you currently working with an agency other than Journeys of the Heart?

yes

no

If yes please indicate name of agency, program and if they are Hague accredited.

5. if you are working with another agency, please indicate the address, phone number, fax number, and email address of that agency.

6. If you are working with another agency, are you working with them for Home Study? Placement? Please let us know the circumstances.

If you live in Oregon or Washington Journeys of the Heart can complete your home study. If you are using an agency other than Journeys of the Heart to complete your home study, emerging 'Hague' rules are likely to require your home study agency to enter into a 'supervised provider agreement' with Journeys of the Heart. You should be sure that your home study agency and Journeys of the Heart can reach such an agreement, prior to contracting for your home study. Journeys of the Heart can only accept home studies from social workers that work under the 'umbrella' of a licensed adoption agency.

* 7. Do you have a social worker, connected to an agency, assigned to complete your home study?

yes

no

If answered yes, please indicate the name of the Social Worker, email address and phone number

If you answered yes to question 5, please complete the next three questions.

8. Is the agency licensed?

yes

no

9. Is the agency accredited?

yes

no

10. Is the agency non-profit?

yes

no

* 11. Please tell us about your maternity/paternity leave plan, once your child comes home to you.

12. If returning to work after your paternity/maternity leave plan, what are your child care plans/arrangements?

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6. Health

Tell us about your health. Please answer yes or no if you have had any of the conditions listed, below.

* 1. Tuberculosis

yes

no

P1

P2

* 2. Heart Disease

yes

no

P1

P2

* 3. Non-cancerous tumor

	yes	no
P1	<input type="checkbox"/>	<input type="checkbox"/>
P2	<input type="checkbox"/>	<input type="checkbox"/>

* 4. Visual Impairment

	yes	no
P1	<input type="checkbox"/>	<input type="checkbox"/>
P2	<input type="checkbox"/>	<input type="checkbox"/>

* 5. Cancer

	yes	no
P1	<input type="checkbox"/>	<input type="checkbox"/>
P2	<input type="checkbox"/>	<input type="checkbox"/>

* 6. Hearing Impairment

	yes	no
P1	<input type="checkbox"/>	<input type="checkbox"/>
P2	<input type="checkbox"/>	<input type="checkbox"/>

* 7. Seizures

	yes	no
P1	<input type="checkbox"/>	<input type="checkbox"/>
P2	<input type="checkbox"/>	<input type="checkbox"/>

* 8. Mobility Impairment

	yes	no
P1	<input type="checkbox"/>	<input type="checkbox"/>
P2	<input type="checkbox"/>	<input type="checkbox"/>

* 9. Liver Disease

	yes	no
P1	<input type="checkbox"/>	<input type="checkbox"/>
P2	<input type="checkbox"/>	<input type="checkbox"/>

* 10. Herpes

	yes	no
P1	<input type="checkbox"/>	<input type="checkbox"/>
P2	<input type="checkbox"/>	<input type="checkbox"/>

* 11. Neuropathy

	yes	no
P1	<input type="checkbox"/>	<input type="checkbox"/>
P2	<input type="checkbox"/>	<input type="checkbox"/>

12. HIV

	yes	no
P1	<input type="checkbox"/>	<input type="checkbox"/>
P2	<input type="checkbox"/>	<input type="checkbox"/>

* 13. Genetic Disorder

	yes	no
P1	<input type="checkbox"/>	<input type="checkbox"/>
P2	<input type="checkbox"/>	<input type="checkbox"/>

* 14. Eating Disorder

	yes	no
P1	<input type="checkbox"/>	<input type="checkbox"/>
P2	<input type="checkbox"/>	<input type="checkbox"/>

* 15. Hepatitis A

	yes	no
P1	<input type="checkbox"/>	<input type="checkbox"/>
P2	<input type="checkbox"/>	<input type="checkbox"/>

* 16. Hepatitis B

	yes	no
P1	<input type="checkbox"/>	<input type="checkbox"/>
P2	<input type="checkbox"/>	<input type="checkbox"/>

* 17. Hepatitis C

	yes	no
P1	<input type="checkbox"/>	<input type="checkbox"/>
P2	<input type="checkbox"/>	<input type="checkbox"/>

* 18. Diabetes Type I

	yes	no
P1	<input type="checkbox"/>	<input type="checkbox"/>
P2	<input type="checkbox"/>	<input type="checkbox"/>

* 19. Diabetes Type II

	yes	no
P1	<input type="checkbox"/>	<input type="checkbox"/>
P2	<input type="checkbox"/>	<input type="checkbox"/>

* 20. Bi Polar Disorder

	yes	no
P1	<input type="checkbox"/>	<input type="checkbox"/>
P2	<input type="checkbox"/>	<input type="checkbox"/>

* 21. Substance Abuse

	yes	no
P1	<input type="checkbox"/>	<input type="checkbox"/>
P2	<input type="checkbox"/>	<input type="checkbox"/>

* 22. Surgery

	yes	no
P1	<input type="checkbox"/>	<input type="checkbox"/>
P2	<input type="checkbox"/>	<input type="checkbox"/>

* 23. Depression

	yes	no
P1	<input type="checkbox"/>	<input type="checkbox"/>
P2	<input type="checkbox"/>	<input type="checkbox"/>

* 24. Anxiety

	yes	no
P1	<input type="checkbox"/>	<input type="checkbox"/>
P2	<input type="checkbox"/>	<input type="checkbox"/>

* 25. Smoke Cigarettes

	yes	no
P1	<input type="checkbox"/>	<input type="checkbox"/>
P2	<input type="checkbox"/>	<input type="checkbox"/>

* 26. Counseling/Therapy

	yes	no
P1	<input type="checkbox"/>	<input type="checkbox"/>
P2	<input type="checkbox"/>	<input type="checkbox"/>

27. P1: If you have entered 'yes' to any of the above questions, please describe date, condition and resolution of condition. For example, if you have answer 'yes' to question 22 'surgery' you should indicate below '22- 5-07-02 gall bladder, removal successful'

28. P2: If you have entered 'yes' to any of the above questions, please describe date, condition and resolution of condition. For example, if you have answer 'yes' to question 22 'surgery' you should indicate below '22- 5-07-02 gall bladder, removal successful'

* 29. P1 height and weight

* 30. P2 height and weight

* 31. P1: current medication, dosage and for how long?

* 32. P2: current medication, dosage and for how long?

* 33. Will your religion/faith, in any way, prevent your child from receiving medical treatment?

yes

no

* 34. Tell us a little about your current medical insurance. Will your current medical insurance cover your adopted child?

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7. Criminal History

Please answer each question honestly and in detail.

* 1. Please indicate any situations where P1 has been arrested, charged, or convicted of anything, regardless if expunged, record sealed, etc.

* 2. Please indicate any situations where P2 has been arrested, charged, or convicted of anything, regardless if expunged, record sealed, etc.

* 3. Please indicate any situations where children in the family have been arrested, charged, or convicted of anything, regardless if expunged, record sealed, etc.

For situations described above please provide disposition and satisfaction of any sanctions records from the court clerk. You may email Records To info@journeysoftheheart.net, fax records to Journeys' Home Office (503) 640-5834 or send regular mail to Journeys of the Heart Adoption, PO Box 39, Hillsboro, Oregon, 97123

8. Family Finances

Tell us about your family's finances.

* 1. P1 employer, job title, and length of employment.

2. P1 employment: what days of the week do you work and what hours?

* 3. P2 employer, job title, and length of employment

4. P2 employment: what days of the week do you work and what hours?

* 5. P1 annual gross income from work.

* 6. P2 annual gross income from work

* 7. All other family annual income from all sources.

8. Total family gross income (3+4+5)

* 9. Net monthly family income.

* 10. Monthly consumer loan/credit card payments.

* 11. Monthly mortgage/rent payments including taxes and home/renters insurance.

* 12. Monthly utility payments.

* 13. Monthly grocery expenses

* 14. Monthly tuition and childcare expenses.

* 15. Monthly medical costs, including insurance, prescription drugs, optical expenses and dental expenses.

* 16. Monthly child support expenses.

* 17. Monthly union/club/organization expenses.

* 18. Monthly church/faith expenses.

* 19. Monthly recreation expenses.

* 20. Monthly auto/boat expenses (loan, fuel, etc.)

* 21. Monthly support of family not living in your home.

* 22. Monthly life insurance payments.

* 23. Monthly retirement expenses and contributions.

* 24. Please consider all the expenses you have included, and any that are not included, in above questions. What is the TOTAL of all family expenses each month?

* 25. Do you own or rent your primary residence?

own

rent

* 26. If you own your home, what is the home's market value?

* 27. If you own your home, what is your equity?

* 28. What is the total of all family investments (stock, savings, retirement, real estate, bonds, etc.?)

* 29. What is the value of all family personal property?

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9. Comment then submit form.

You are almost done!

* 1. Briefly, tell us how you found Journeys of the Heart Adoption Services.

* 2. What is your favorite search engine online?

3. If you have spoken with Journeys' staff, who did you speak with and how was your experience?

* 4. If you have attended one of our informational seminars, tell us about your experience.

* 5. If you have visited one of our websites, tell us about your experience.

By electronically submitting this form we certify that we have answered all questions asked on the Journeys of the Heart Child Adoption Application to the best of our ability and knowledge.

* 6. Parent Two

* 7. Parent Two

* 8. Today's date.

today's date MM DD YYYY
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